

greatly impaired, with the exception of a somewhat morbidly excessive appetite, and a plethoric habit. The pupils of his eyes were of unequal size, the left being much the larger. His gait was unstable, somewhat faltering, and accompanied by a general tremulous motion of the whole frame. He was very merry and happy, wished to marry every woman whom he saw, talked much, and said he should soon make five hundred thousand dollars in his business. When this should have been accomplished he intended to go to England to marry Victoria.

After depleting measures had been pursued, he was put upon the use of the extract of conium. His condition did not materially change until the 1st of September, when he became very highly excited, raving, furious, and unmanageable otherwise than by confining his limbs. He screamed, cursed, kicked every one who came near him, and, if alone, threw himself on the floor and against the walls of his room with dangerous violence, until prevented by the restraint aforementioned. His face was deeply flushed, eyes wild and glaring.

Depletives, counter-irritants and alteratives were resorted to, but without success, and he died on the morning of the 5th, with every symptom of effusion on the brain.

There was no post-mortem examination.

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ART. VIII.—*Contributions to Pathology; being a Report of Fatal Cases taken from the Records of the U. S. Naval Hospital, New York.* By W. S. W. RUSCHENBERGER, M. D., Surgeon U. S. Navy.

CASE I.—*Albuminuria*.—MR. W——, Purser U. S. Navy, ætat. 45, admitted October 2d, 1846. Mr. W—— has been suffering in health during the past eighteen months. His aspect is unhealthy; skin and lips pallid; limbs wasted, gait tottering and uncertain; impatient of repose; vision very much impaired and not assisted by the aid of spectacles. Temperament decidedly nervous.

While at Turon Bay, Cochin-China, in May, 1836, Mr. W—— was seized with dysentery, at that period prevalent on board of the ship to which he was attached. On the 18th of May he was attacked by a tertian intermittent, accompanied by diarrhœa, and abdominal tenderness. He had three paroxysms. On the 27th the ship arrived in Macao Roads, and the next day Mr. W—— was transferred to a hospital on shore, opened for the accommodation of the many sick belonging to the ship. A few days after, he had so far recovered that he visited Canton on business, where he had a return of diarrhœa. On the 19th June, while returning in a "fast-boat" from Canton to Cumsing Moon, he had a chill, which recurred again on the 23d. The ship put to sea on the 24th, and on the 20th of July anchored at the Bonin islands, in the Pacific. By this time, the affection of the bowels was very much abated, but from indiscretion in diet, having found an abundance of green turtle, the diarrhœa recurred on the 22d, and the intermittent on the 27th of the same month, at sea. The disease continued more or less violent until the 9th of September, when Mr. W—— was moved on shore at Honolulu, Sandwich Islands, and on the 12th was carried up to an elevated situation in the country. On the 8th of October

he returned on board very much improved, and the ship sailed the next day. While at Monterey, Upper California, he seemed to be quite well, but from eating indiscreetly and freely, the diarrhœa returned and his condition became worse with the increase of atmospheric temperature as the ship moved south, until he was so enfeebled as to be unable to rise from bed. At San Blas, on the 18th November, he was landed and carried in a ship's cot fifty miles, to the city of Tepic. There he so far recovered, at the end of six weeks, that he travelled on horseback to the city of Mexico and thence to the United States. He afterwards performed the cruise of the Exploring Expedition under command of Captain Wilkes, and, with the exception of dyspeptic attacks, enjoyed fair health.

In the year 1843 he complained of inability to sleep comfortably from eructation, and the frequent necessity to micturate at night. From this he sought and obtained partial relief from the use of the alkaline carbonates, warm bathing, opiates, &c. In the autumn of 1844, he had a violent attack of palpitation of the heart, and since then was unable to ascend stairs without occasioning palpitation and dyspnœa. In February, 1846, he had severe rheumatic pains of the shoulders and elbows, accompanied by a profuse secretion of pale urine. In the summer of 1846 he visited the White Mountains, and afterwards the Virginia Springs, in pursuit of health; but in September he complained "I have very short breath and palpitation of the heart, swollen ankles, and I am very weak." On the 12th September he had an apoplectic attack, and remained insensible for several hours. On the 25th he reached Washington and thought himself much better. On the 30th, at Baltimore, he was obliged to take to bed again from dyspnœa and palpitation. He was relieved by the use of assafœtida, digitalis, and hydrocyanic acid.

He reached the hospital about 3 o'clock P. M. very much fatigued by the journey from Baltimore. During the past three or four months he has suffered from vomiting, very soon after eating; but is always ready to eat again immediately after the stomach is empty.

*October 3d.* Passed during the night, say in fifteen hours, fifty-three ounces of pale amber-coloured urine, sp. gr. 1.015; reddens litmus; nitric acid produced a precipitate which was at first white but became pinkish in a few minutes: rendered turbid by boiling; the chloride of magnesium produces a dense white precipitate; neither ammonia nor the oxalate of ammonia produce any change. Bowels constipated; pulse 80, compressible, regular; tongue coated; no palpitation or pain about chest, although the impulse of the heart is strong and is felt two inches to the left of the nipple. Laxative pills; barley water for drink.

*4th.* Bowels not moved; acidity of stomach with eructations. Magnes. calcin. ℥ij; sodæ bicarb. ℥j. M.

The total quantity of urine voided in twenty-four hours, was forty-seven ounces: it was of a pale amber colour; nearly neutral; insipid and odourless; sp. gr. 1.010; a solution of tannin renders it milky, but its transparency is restored by adding acetic acid. Boiled down to one-half, there was a copious white, granular precipitate. Ammonia produces a precipitate which, under the microscope, consists of stellar crystals. Boiled in a silver spoon with liq. potass. the colour is deepened. The precipitate produced by boiling was incinerated in a platina spoon; the result was only a thin black pellicle. A little of a solution of sulph. cupri added, and then liquor potassæ in excess produced a greenish-gray precipitate.

At bed-time two laxative pills.

5th. Passed a good night; forty-three ounces of urine, sp. gr. 1.013; albuminous. Bowels moved, evacuation sciballous; laxative pills at mid-day, and two at night. Stomach rejected veal broth.

6th. Bowels not moved; urine albuminous, sp. gr. 1.010. Two enemata, and three drachms of calcined magnesia taken in three doses without effect. Stomach irritable; no tenderness or pain of abdomen. Cannot remain quiet. *P. M. R.*—Proto. chlor. hydrarg. gr. ij; ext. colocynth. comp. gr. iv. *M. ft. pil. ii, h. s. s.*

7th. Bowels freely moved; feels more comfortable; cheerful. *R.*—Oxyd zinci gr. j; ol. valerian gtt. ss.; ext. belladonnæ gr  $\frac{1}{2}$  cap. q. q. 6ta hora. Diet milk toast and black tea; yolks of two hard-boiled eggs in addition for dinner; this seems to set well.

8th. Only one pill taken, which induced vomiting; forty ounces of urine in the past twenty-four hours; sp. gr. 1.0115. The filtered urine, on being heated, became opaque and deposited small white flakes. Rendered entirely opaque and of a pinkish-white colour on the addition of nitric acid. One thousand grains of this urine yielded thirty-three grains of solid matter.

Tongue coated in patches; skin dry, but of normal temperature; feels languid; aspect sad. No pain in the region of the kidneys, nor in any part of the body. *Inf. prunus virg. 3ij ter die. P. M. Enema.*

9th. Urine neutral; sp. gr. 1.012. Bowels not open. *R.*—Magnes. calc. 3iss; sodæ bicarb. 3j; aq. menth. 3ij. *M. P. M. Medicine rejected; enema purgans.*

11th. Bowels slightly moved last evening; natural evacuation this morning; feels better. Passed thirty-nine ounces of urine; sp. gr. 1.011; red-dens litmus very slightly. Indian mush for dinner. *P. M. Nitric acid pediluvium.*

12th. *P. M. R.*—Fel. bovin gr. v; acet. morph. gr.  $\frac{1}{12}$ ; mas. hydrarg. gr.  $\frac{1}{4}$ . *M. ft. pil. h. s. s.*

13th. Urine sp. gr. 1.012. Palpitation of heart; eructation, retching, vomits green glairy mucus. Midday: pulv. jalap. comp. 3j. *R.*—Pulv. digitalis assafœtid. aa 3j. *M. ft. mas. et in pil. dividend xx. cap. 1 q. q. 4ta hora.*

14th. Bowels moved; feels more comfortable; no pain; has soreness of the loins, occasionally, when turning in bed; pulse 86, corded, but not hard; tongue coated, pale. *R.*—Pulv. jalap. comp. 3j; ol. carui gtt. j; aq. font. 3ij. *M. ft. haust. Continue pills. P. M. Some oppression and pain in cardiac region. Dry cups, which removed the uneasiness.*

15th. Urine unchanged, sp. gr. 1.0145. *R.*—Pulv. ipecac. et opii, nitrat. potass. aa gr. x; protochlor. hydrarg. gr. ss. *M. Div. in chart. iv; cap. j. q. q. 3tia hora. P. M. Skin dry, temperature normal. Hot vapour bath at 8 o'clock P. M. At the expiration of fifteen minutes the patient became oppressed and faint, but no perspiration was induced. At 9 o'clock he took ol. ricini 3j in 3iv of porter. About night he vomited, and the bowels were freely purged.*

16th. Bled freely from the nose this morning; hemorrhage promptly arrested by an application of powdered leaves of matico.

*P. M. Hot pediluvium. R.*—Elixir opii (McMunn) gtt. xxx; aq. camph., aq. font., aa 3j. *M. ft. haust. h. s. s.*

10 o'clock *P. M. Medicine rejected; retching; soda powder pro re nata.*

17th. Urine sp. gr. 1.015. Spts. mindereri 3ss, q. q. 2da hora; diet of panada.

*P. M.* Thinks he is better; stomach tranquil; pulse 85, hard; eyelids puffy; restless; no pain. Dry cups to abdomen; enema purgans. *R.*—Tinct. digitalis  $\mathfrak{z}$ j; spts. minder.  $\mathfrak{z}$ ijss. *M.* cap.  $\mathfrak{z}$ ss q. q. 2nda hora.

18th. Bowels not moved since the 15th. Rheumatic pain of right wrist and elbow, and slight pain over right eye. Has been long subject to paroxysms of the kind. Pulse contracted, hard, but compressible; skin softer than heretofore; tongue whitish, contracted; deficient in moisture. *R.*—Ext. sennæ (fluid)  $\mathfrak{z}$ j. *P. M.* *R.*—Fol. sennæ  $\mathfrak{z}$ j; aq. font. Oj. *M.* displace; cap.  $\mathfrak{z}$ iv.

19th. Bowels moved; passed the night much more comfortably than usual. *R.*—Lactucarii gr. v; protochlor. hydd. gr. ij; ext. gentian gr. iij. *M.* ft. pil. ii s.s. *P. M.* Sponged surface with warm water several times. Has eaten only a few spoonfuls of arrowroot during the day.

20th. Feels better; pulse has rather more force than is natural. *R.*—Ol. succini, tinct. capsici  $\bar{a}\bar{a}$   $\mathfrak{z}$ ij. *M.* ft. liniment. Rub abdomen and extremities. 1 o'clock *P. M.* *R.*—Ol. ricini  $\mathfrak{z}$ ij; spts. terebinth.  $\mathfrak{z}$ j; aq. tepid  $\mathfrak{z}$ ij. *M.* ft. enema stat. adhib. 5 o'clock *P. M.* Bowels not moved; repeat enema. *R.*—Protochlor. hydrarg. gr. j. q. q. hora. 8 o'clock *P. M.* Skin rather dry; temperature normal; soft about forehead and wrists; tongue without moisture; jactitation; no pain; respiration normal; feels weak; pulse 88, hard but compressible; a strong creaking or friction sound on second sound of heart, which did not exist two days since. Sat up in bed and bled from the arm  $\mathfrak{z}$ xxx. Immediately after venesection the creaking sound disappeared; pulse became softer, and there was perspiration about the head and neck. Hot pediluvium with mustard. Urine strongly albuminous, by nitric acid and by heat. 11½ o'clock *P. M.* Pulse soft, 110; skin of trunk and extremities perspirable; free perspiration about head and neck; less jactitation; frequently micturates; slight creaking sound of heart; bowels not yet moved. Repeat enema; continue pills.

Oct. 21. 2¼ o'clock *A. M.* Found patient breathing rapidly and with great difficulty; eyes rolled upwards; lids half closed; pulse 160 to 170; impulse of heart very strong; head and neck perspiring. The nurse stated that he was talking very pleasantly, when he was suddenly seized, a few moments before the surgeon was called, with tremor of the limbs and became insensible. After the lapse of a few minutes he partially recovered, and uttered unmeaning sentences, coupling parts of different words together.

Sinapisms were applied to the calves; dry cups to chest and abdomen, which was resonant. A stomach tube was passed up the rectum and about a quart of salt and water injected. At midnight the calomel pills were suspended, and the following substituted. *R.*—Protochlor. hydrarg. gr. iij; pulv. scillæ gr. iv; pulv. digitalis gr. viij; ol. valerian gtt. iij. *M.* ft. pil. no. xii. cap. j. q. q. hora. About four o'clock *A. M.* swallowed part of a drachm of pulv. jalap. comp. A few minutes after which he vomited and the bowels were slightly moved. Power over words still defective. 4¼ o'clock *A. M.* Rubbed chest with tinct. aconit. rad. (Flemming's) and a few minutes afterwards he fell into a comparatively tranquil sleep. 11½ o'clock *P. M.* Has taken the pills regularly, and has passed a tranquil day. At 9 *P. M.* the creaking sound had increased and the pulse was somewhat hard; six ounces of blood were drawn by cups from cardiac region and side of chest. The pulse became soft, 100.

22d. Passed a tranquil night; pulse 100, soft; skin moist; tongue rather

dry; creaking sound of heart persists; says he "does not feel at all." Emp. lyttæ 4×6 to chest; rennet whey. 1 o'clock P. M. At ten o'clock took ten drops of tinct. aconit. rad., when the pulse was 100; it is now 52, soft, quick; suspend digitalis. 11½ o'clock P. M. At two o'clock the pulse was very irregular; took 3j of brandy in rennet whey, which was repeated at five, and at seven o'clock. Bowels moved at eight, at nine, and at half past ten; evacuations consisted of brown, offensive mucus. Mind clear; able to sit up in bed: made a will. Dressed blister with ung. hydrarg. No abnormal sound of heart; respiration 22 to 24; pulse 56 to 60.

Oct. 23d. 9 o'clock A. M. Had three small evacuations from bowels since midnight; pulse soft, 108; skin soft, of normal temperature; tongue a little dry; sleeps with mouth open. R.—Pulv. digitalis gr. iv; ol valerian gtt. iij; ext. krameriæ gr. vj. M. ft. pil. no. vi cap. j, q. q. 4ta hora; rennet whey. 10 o'clock P. M. Frequent, small, fetid stools during the day. Pulse soft, regular, 92; no abnormal sound of heart detected either anteriorly or posteriorly. Lies quiet; mind wanders slightly; bladder much less irritable. On the whole, his condition seems to warrant a less unfavourable prognosis. 11½ o'clock P. M. Anodyne enema. Midnight. Wandering; jactitation; subsultus; sardonic look; frequent small stools with flatus; pulse soft. R.—Spts. æther sulph. comp. 3ss; sacc. alb. q. s; aq. font. 3j. M. ft. haust. 2 o'clock A. M. Has less subsultus, and is rather more tranquil and rational; suspend digitalis, &c.

24th. 9 o'clock A. M. Pulse soft, regular, 100; tongue dry and red on the point; emp. lyttæ 4×4 over umbilicus. 4 o'clock P. M. Has taken half dozen tablespoonfuls of clam soup; stomach tranquil; surface of tongue covered with pilous fur, point pinkish, dry, pasty; slight flatulence. No tenderness of belly on pressure. 8 o'clock P. M. Less subsultus; more rational; skin perspirable; pulse 90. Blister has vesicated slightly.

25th. 9½ o'clock A. M. Between 9 and 12 o'clock last night was very restless. At midnight took pulv. opii et ipecac. gr. viij; protochlor. hydrarg. gr. j; ext. gent. gr. v. M. ft. pil. iv.

Wandering and jactitation increased; pulse soft and regular. 1 o'clock P. M. Dry cups to nape; hot applications to feet. 2 P. M. R.—Moschus ʒj; mucil. acaciæ 3j. M. ft. enema. 5 o'clock P. M. More tranquil since the exhibition of the enema than at any period during the past twenty-four hours. Repeat enema. 7 P. M. Enema passed; very despondent. 11½ P. M. Refuses treatment.

26th. Stimulating frictions to chest and extremities. P. M. Ate half of a raw oyster; condition without change; picks the nose; scratches his skin. Refuses food and drink of every description.

27th. Tongue moist, soft; pulse 108; skin normal. Watery and excessively offensive evacuation from bowels this morning. Rested tranquilly last night and this morning. 5 o'clock P. M. Restless; petulant; delirium and subsultus increased. 8 o'clock P. M. Tongue dry; sordes on teeth; pulse 98; slight friction sound in cardiac region. At 9 P. M. took five grains of musk in an ounce of syrup of tolu. At 11½, he got up unassisted and sat half an hour in a stuffed chair.

28th. Frequent, dark, very offensive stools. Has taken a few teaspoonfuls of calf-foot jelly during the day. Obscure friction sound of heart, ol. tigllii rubbed on chest. Very petulant.

29th. Aspect more natural; skin normal; pulse 100; sponged surface with warm water two or three times; subsultus increased towards evening.

*Midnight.* Pulse 98, small, soft; skin comfortable; tongue less dry. Stools less frequent.

*30th. 4½ o'clock A. M.* Bled at least twelve ounces from the nose. Moistened matico leaves applied to the right nostril (the source of the bleeding) instantly arrested the hemorrhage. Neither the force or frequency of the pulse was affected by the loss of blood, but the respirations were reduced to fourteen a minute. He gradually sank until a few minutes before eleven o'clock P. M., when he tranquilly expired.

*Autopsy.*—Fourteen hours after death. Thermometer 70° F. Body emaciated; rigid; muscles of a bright colour; very little subcutaneous fat. *Thorax.* Lungs healthy; pericardium was opaque and contained thirteen ounces of bloody serum, which on standing deposited a coat of red colouring matter on the bottom of the basin. The heart was unusually large, remarkably hard, and offered almost as much resistance to the knife as cartilage. The anterior face of the right ventricle was rough from deposition of lymph: the colour of the substance of the heart was somewhat darker than usual. The right auricle was large, capable of containing at least six fluidounces, and its parietes measured two-tenths of an inch in thickness. The right ventricle was somewhat enlarged, and its parietes were three-and-a-half tenths of an inch thick. The diameter of the right ostium venosum was eleven-tenths of an inch; the tricuspid and pulmonary valves were healthy. The parietes of the left auricle were one-tenth of an inch thick, and of the left ventricle one inch and a tenth. The anterior of the mitral valves was somewhat thickened, and the diameter of the left auriculo-ventricular opening was an inch and three-tenths. The septum ventriculorum was an inch thick. The aortic valves were healthy; the lining membrane of the aorta was elevated at points by indurated, yellow deposits; the diameter of the aorta at the valves one inch, and of the pulmonary artery nine-tenths of an inch. After the pericardium was removed, and the organ macerated in water four hours and then dried by a towel, the heart weighed twenty-four ounces avoirdupois.

*Abdomen.*—The omentum was almost entirely opaque from injection of its vessels, and presented a dirty-yellow appearance. The stomach was unusually large, and its exterior darker than common; it contained five or six ounces of very dark green, offensive liquid; the mucous membrane was firm, but striated or rather marked by narrow bands of a brown or bistre colour, especially in the middle and at the cardiac end; towards the pylorus, its colour was grayish. The mucous lining of the duodenum was found granular to the touch and in appearance from enlargement and induration of the glandulæ agminatæ and solitariae, some of them being more than a line in diameter. Nothing unusual was remarked on examining the pylorus. The mesentery was of a dirty yellowish-white colour. The small intestines presented a general unhealthy appearance; the colour varying in places from gray to a dark bluish-white. The caput coli was bluish, and ulcers a quarter of an inch in diameter were found, an inch or two apart, along the course of the colon until the sigmoid flexure was reached, where the mucous membrane became a continuous ulcer, and the gut, together with rectum, was a blue-black. The peritoneal cavity was remarkably dry. The liver was considerably enlarged, rather pale in colour, and possessed less firmness than usual. It bled freely on being incised. The gall-bladder was distended with bile of the colour and consistence of West India molasses. There was nothing remarkable about the spleen, but the pancreas were perhaps softer than they are commonly met with. The kidneys were enveloped in a more than ordinary quantity of

cellular and adipose tissue; both were flabby, but their structure was not very readily broken down. After being freed from the cellular substance and fat around them, the left kidney was found to weigh four ounces and a half drachm, and the right one, three and three-quarter ounces, avoirdupois. The exterior surface, of both kidneys, had a considerable number of sacs, about the size of a buckshot, imbedded in it, containing a transparent liquid, besides several yellowish tubercles nearly as large as a pea. The contents of the latter, examined under a microscope, (magnifying 170), seemed to consist of very minute granules floating in perfectly transparent liquid. The removal of the sacs and tubercles left small pits of corresponding size in the surface. On the anterior face of the left kidney near its superior extremity, was an excrescence, about a half inch in diameter, resembling a black grape; its removal left a considerable depression in the kidney; its contents seemed to be the same as that of the other tubercles, none of which, however, projected beyond the surface. On incising the kidney in the usual manner, its structure seemed uniform, there being no line marking the difference between the cortical and tubular parts of the organ. At first the cut surface seemed to be studded with white spots, which proved to be, however, on closer examination, the cut extremities of divided vessels, which were enlarged. Strewed as it were, through the structure of the kidney, were observed on very close inspection very minute yellow tubercles, resembling those first observed. The fibrous appearance of the structure was observed at either extremity of the kidney, but was looked for in vain in the central portions. The pelves were yellowish-white, and unusually large.

*Remarks.*—The extent of hypertrophy of the heart, in the above and preceding cases,\* may be proximately arrived at by comparing their respective weights with the normal weight of the healthy heart, which may be stated to range between eight or nine ounces for the adult. The dimensions of the normal heart may be obtained by reference to Dr. Pennock's edition of "*Hope on the Diseases of the Heart*."

The state of hypertrophy is supposed to result from excessive nutrition, and under this view, we should expect to find the digestive organs generally sound. In the case just detailed, we have evidence of chronic disease of the stomach, liver, intestines and kidneys, probably commencing ten years ago, and continuing through the whole period, with various degrees of activity. The symptoms of cardiac disease were comparatively recent, and were certainly subsequent, if not consequent, to disease of the organs of digestion and assimilation. It is worthy of notice, that there was no tenderness or pain at any time in the abdomen, notwithstanding the extent of disease of the organs contained in it. The chief symptom of intestinal disease, after the patient came to the hospital, was constipation and irritable stomach; and except from the condition of its secretion, there was no very positive sign of disease of the kidney. The chief complaint made by the patient was of debility and irritable bladder.

It is believed that the history of the cases\* above detailed is of more value to the student than if given in an abbreviated form.

\* Page 73 of the number of this Journal for January, 1847.

**CASE II.—Pneumonia.**—Michael Gleason, ord. sea., ætat. 21, native of New York, was received December 30th, 1846, from the U. S. ship North Carolina, "affected with fever," for which he was admitted on the sick list the previous day. Salts and antimonials had been administered. The officer who brought the patient to the hospital stated that he was suspected of malingering to avoid punishment—that he had been punished about three weeks previously. P. M. Complains piteously and, seemingly, in an extravagant manner of pain over the eyes, and that he cannot keep in bed; that he has sore throat, and that the pain over the eyes is very much aggravated whenever he coughs. Skin hot and perspirable; pulse soft, 96; tongue covered with a white coat, through which red papillæ appear near its point; a deep inspiration excites neither pain nor cough. Chest resonant on percussion; respiration slightly bronchial. Bowels confined; skin foul. Fever diet; hot bath. R.—Hydrarg. protochlor. gr. vj; pulv. jalap gr. xv; pulv. opii et ipecac. gr. x. M. h. s. s. The patient states, he has had a cold and felt uncomfortable for six weeks past; that the present attack began on the 28th with listlessness, and sense of chilliness.

31st. Passed a restless night; got up several times and walked about the ward, disturbing other patients. Pain in lumbar region; headache; pulse soft, slightly intermittent, 60; action of heart normal; respiration hurried; very little heat of skin; face flushed; bowels open once. R.—Acetat. ammoniæ liq. ʒss. q. q. 2nd hora. Cold applications to forehead; dry cups to loins. P. M. Better. R.—Tinct. opii gtt. xxv; aq. font. ʒj. M. h. s. s.

January 1st, 1847. Passed a restless night; somnolent; ptosis of left eye; conjunctiva slightly injected; cornea looks greasy; the pupil of left eye is of normal size; that of the right dilated; both insensible to changes of light. Complains of headache; skin soft and perspiring; perspiration of an acid odour; tongue coated; bowels opened during the night; pulse soft, regular, 140; disposed to lie on the left side. Three leeches to each temple, to be followed by cold applications to the head; sinapisms to legs. R.—Hydrarg. protochlor. gr. viij sacc. alb. q. s. M. div. in chart. vj cap. j q. q. 2nd hora. 1 o'clock P. M. Emp. lyttæ to each calf; 2 h. 45 m. P. M. Bowels not moved; Seidlitz powder. 6 o'clock P. M. Sonorous breathing, but not stertor; blows out the cheeks; white froth about lips; face flushed: cannot be perfectly roused; head cooler; manifests some uneasiness when pressure is made over the hypogastric and iliac regions. Bowels not yet moved. R.—Chlorid. sodii ʒij; spts. terebinth. ʒss; aq. tepid oj. M. ft. enema. This was rejected immediately. R.—Tart. antim. gr. j; magnes. sulph. ʒj. aq. font ʒviij. M. cap. ʒij q. q. hora. Emp. lyttæ. 6×6 to abdomen. Shave the head; dry cups over the whole scalp, followed by cold applications. 9h. 30m. P. M. Introduced catheter, and drew off twenty-nine oz. of urine having a strong acid reaction.

January 2d. Expired a few minutes before nine o'clock A. M. A shipmate just admitted states, that about three weeks since, he was with deceased in a riot in a street in the city of New York, and saw him knocked down by a blow on the back of the head, inflicted by a "slung shot."

*Autopsy seven hours after death; thermometer 60° F.*—Body rigid; muscles red, firm and well developed; dependent parts of body ecchymosed. Pupil of right eye dilated; left, of normal size.

*Head.*—No mark of injury externally; the pericranium was carefully



removed, but no fracture discovered. The site of each cup applied, was distinctly marked on the bone by injection of its vessels. The skull-cap was removed with difficulty, from strong adhesion to the dura mater. Shreds of coagulated lymph in the longitudinal sinus; lateral ventricles contained from 3ss to 3vj of serum, which seemed to contain globules resembling pus or mucus when examined by a microscope. Substance of hemispheres softer than natural; the left injected, and a small clot rested on the third nerve of the left side. The arachnoid on the right side more injected than that of the left; at the base of the brain it was thickened. The cerebellum congested and softened; anterior face of the medulla oblongata rough from deposits of lymph.

*Thorax.*—On opening the thorax, the left lung collapsed partially; the right lung was closely united, by pleuritic adhesions, to the diaphragm and ribs throughout its whole extent. The superior lobe of the left, and the whole of the right lung, were injected with blood and frothy mucus, but still crepitant between the fingers. Heart normal in size and condition.

*Abdomen.*—The whole convex surface of the liver was united to the diaphragm, abdominal parietes and colon, by peritoneal adhesions; the omentum was also adherent. The liver was enlarged, pale, and a deposit of bone the size of a pea, was found on the superior surface of right lobe; the gall bladder was much distended. The stomach presented longitudinal patches of inflammation, following the direction of the greater curvature: the mucous coat softened and easily detached. The pyloric extremity of the duodenum considerably enlarged, and its mucous coat highly injected. Small intestines healthy: colon healthy and free of fecal matter. A large mass, weighing an ounce and a half, avoirdupois, consisting of three sacs stuffed with dry white granular matter, was enclosed in the mesentery, and surrounding the mesenteric artery. The kidneys were large; the left weighing  $8\frac{1}{2}$  ounces, and the right  $7\frac{3}{4}$  ounces. The lining membrane of the pelvis was marked by numerous bright red spots, from one to two lines in diameter. The bladder was distended with urine: its coats were healthy.

*Remarks.*—The above case is from notes by Assistant Surgeon Lewis J. Williams.

*CASE. III.—Disease of Brain and Testes.*—Wm. Forbes, ord. sea., received, July 10th, 1845, from the U. S. ship North Carolina, said to be affected with asthma, and to have tubercles of upper portion of right lung. Says he suffers a great deal from difficulty of breathing, particularly at night; cannot rest in a horizontal posture; looks pale and wearied. No pain in chest; has night sweats; constant febricula; still able to walk about. Has been unwell two months.

*July 11th.* On examination detected rude respiration without distinct vocal resonance at summit of right lung; dry mucous râle heard in both upper lobes; rude respiration under base of right scapula; oppressed cough; sore throat; soreness under clavicles. Half diet. Dry cups under both clavicles. R.—Tinct. lobelia, gtt. x ter die.

*12th.* Membrana tympani of right ear perforated; seemingly, as a consequence of internal suppuration; a puruloid discharge from external meatus of several weeks' continuance. Inject ear with tepid water. Repeat dry cups to chest.

*13th.* Poultice of hops and vinegar to throat, which is complained of as

being quite sore. Patient continues to suffer from dyspnœa on taking the slightest exercise, but has undergone no material change since admission.

17th. By daily use of injections into the ear, patient states his sore throat has been entirely cured; puruloid discharge from meatus externus rather less. Since last notice several doses of pulvis jalapæ comp. and of ol. tigii have been administered to relieve constipation. Patient's condition to-day not so favourable; fever increased. R.—Mist. neutral ʒss q. q. 2nd hora. Free use of acidulated gum water.

19th. Free from the unpleasant symptoms of the 17th.

21st. Pain in breast; slight fever; cephalalgia; skin dry. Dry cups to whole front of chest. P. M. Complains of want of rest. R.—Tinc. opii., spts. æther. nitros. āā gtt. xx; aq. font ʒij. M. ft. haust. h. s. s.

22d. Bowels bound. R.—Pulv. jalap. comp. ʒj.

24th. Considerable increase of dyspnœa; pulse 116; quick but soft; great heat of skin; cough very troublesome; expectorates a good deal of glairy mucus; bowels confined; appears to be failing daily. Dry cups to whole front of chest. R.—Pulv. jalap. comp. ʒj. Hot pediluvium h. s.

25th. Much worse. Suffocative cough; sputa muco-purulent and in great abundance; excessive dyspnœa; constant anhelation; voice raucous and feeble; incessant headache; no fever at present: head has to be elevated when he lies down. Suspend lobelia. Apply cups under clavicles to draw ʒiv. R.—Syrup. scillæ comp. ʒss. q. q. 4ta hora.

26th. Rather easier; passed an uncomfortable night; some fever. Suspend syrup scillæ comp. R.—Hydrarg. protochlorid. gr. ij; pulv. scillæ, gr. viij; opii gr. j. M. ft. pil. no. viij, cap. 1 q. q. 4ta hora. Friction to chest with tinc. capsici, tinc. stramonii partes equales. Arrowroot.

27th. Severe pain in epigastrium; cough very harassing; voice very hoarse; constant fever; R.—Hydrarg. protochlor. gr. ij. Continue other treatment.

28th. Constipated. Enema purgans.

29th. Tongue coated; repeat calomel.

30th. Tendency to sink. R.—Ammonia, carb. gr. ijss, in mucilag. acaciæ, q. q. 3ta hora: Cut cups to nape. Head to be shaved.

31st. Tongue dry; skin hot and arid; unrelenting fever; pulse soft; delirium; cough frequent; chest seems stuffed up with muco-purulent secretion, and from engorgement, so as to be nearly impermeable to air; debility great; partial subsultus; jactitation; answers questions, though tardily. Suspend carb. ammonia. R.—Hydrarg. protochlor. gr. ss. q. q. hora. Dry cups to abdomen. P. M. No material change since the morning visit. Tongue very dry; bowels confined; R.—Emp. lyttæ, 6×6 to epigastrium: dress with ung. hydrarg. fort.

August 1st. Passed a very restless night; delirium continues; less prompt in answering questions; head cooler; face dusky and lips purplish; skin very dry but not so hot; jactitation; pupils rather sluggish but of natural size; voice reduced to a feeble whisper. Cold vinegar and water to head; hot applications to feet. P. M. Delirium more wild; tongue dry and cracked, and, like the lips and teeth, covered with sordes. R.—Hydrarg. protochlor. gr. v. Enema of spts. terebinth. and sodii chlorid. Omit liniment.

2d. Pulse very rapid; less cough; very little air reaches the lungs; debility rapidly increases; skin very hot; seems to be consumed by an internal fire; countenance pinched and dusky; suffers profound distress;

one stool. Persist. *P. M.* Much worse. Mouth and fauces covered with black tenacious mucus; deep rattling of viscid fluid in the lungs; delirium more wild; pulse harder; heat of skin increased; head very hot. Apply cups to nucha to draw  $\zeta$ ij.

3d. Moribund. Free use of brandy, &c., p. r. n. Expired at 1 $\frac{3}{4}$  *P. M.*

*Autopsy 21 hours after death; thermometer 82° F.*—Emaciation moderate—muscles of a natural color—very little blood flowed on incising scalp.

*Brain.*—Venous system and meninges rather more gorged with blood than usual. Arachnoid membrane of a deep rose colour, and evidently inflamed where it envelops summit and sides of brain. Scattered tubercles of a minute size found in its superior portion. Pia mater greatly injected and softened. Substance of brain everywhere softened, but most so in that part of right hemisphere which rests on petrous portion of temporal bone, where it was almost diffuent. Periphery of brain, to depth of two lines, of a rosy hue. Lateral ventricles filled with serosity. Sheath of both optic nerves somewhat injected. Parietes of cavity of right tympanum bare and rough from caries.

*Larynx*, with exception of a slight ulceration of arytenoid cartilages, left being rather the worst, was healthy. Mucous lining of trachea and principal bronchial tubes, in a state of inflammation.

*Lungs.*—Adhesions existed between costal and pulmonary pleuræ; mostly near summit of each lung, but strongest on right side. Both lungs excessively engorged with blood. Left lung most engorged; and at upper part in a state of red hepatization. Tubercles scattered through it in moderate quantities. Right lung principally engorged in upper lobes, both of which were more or less hepatized. Lower lobe of this lung is, comparatively, in a good condition. No cavity in either lung.

*Heart* rather flabby. Liver paler than natural. Stomach and other abdominal viscera healthy.

Right testis absorbed, leaving nothing but the epididymis. Left tunica vaginalis presented a good sized hydrocele. Left testis adherent to lower part of the tunica vaginalis; epididymis of this side occupied by an abscess containing a drachm of pus.

*Remarks.*—The above case is from notes by Passed Assistant Surgeon Joseph Beale.

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ART. IX.—*Case of Hydrops Pericardii suddenly formed, with Remarks.*

By S. JACKSON, M. D., of Philadelphia, formerly of Northumberland.

IN the summer of 1845, I was hurried to a Mrs. C., who was said to be in a dying state. Dr. Bryan, whom I found at the bedside, had been there a few minutes and had been judiciously employed in fanning the remaining embers. While, with forlorn hope, I was writing a prescription, she gently breathed her last. The sad catastrophe was hardly over when Dr. S. G. Morton, her accoucheur, arrived and gave us the following history of the case.